



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Administration and Management
Washington, D.C. 20201

JAN 3 2005

TO: OPDIV/STAFFDIV HEADS
FROM: Assistant Secretary for Administration and Management
SUBJECT: Tobacco-Free HHS

Per Secretary Thompson's direction, I request your immediate attention to the attached Tobacco-Free HHS Policy and necessary follow-up action. Additional implementation instructions will follow.

Please share this document with appropriate members of your staff as soon as possible.

A handwritten signature in black ink that reads "Ed Sontag".

Ed Sontag
Assistant Secretary for Administration and Management

Attachment

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Tobacco-Free HHS Policy

Tobacco-Free HHS is an initiative to make the U.S. Department of Health and Human Services (HHS) properties tobacco-free. Throughout this document the term "HHS properties" includes all properties owned, controlled, and leased by HHS when totally occupied by HHS, including outdoor areas of such properties; where HHS only partially occupies such properties, it includes all HHS-occupied interior space. Limited initial implementation began on January 1, 2005. Full implementation will begin on February 1, 2005 unless deferred or excepted (as described below), and as soon thereafter as possible on all property encompassed by the policy, unless to do so would be in violation of applicable law. The Department will continue to honor all current Collective Bargaining Agreements containing provisions that address smoking, and will implement the new policy consistent with the Agreements until they are renegotiated. Future procurements, including leases and those with contractors and service providers, will include the new restriction.

Background/Introduction

The goal of Tobacco-Free HHS is to improve the health of HHS employees by promoting tobacco cessation. It will also serve as a model program for employers who wish to initiate their own programs and policies to promote healthy behaviors and to discourage participation in unhealthy behaviors. Reducing tobacco use in the workplace also increases productivity, decreases absenteeism, and possibly lowers the cost of medical expenditures associated with tobacco use.

Tobacco-Free HHS is a critical model program, and is being implemented because tobacco use remains the leading preventable cause of death in this country. Each year, approximately 440,000 people die prematurely of diseases caused by smoking—that is about one in five of all deaths in the United States. An estimated 45.8 million adults in the United States smoke cigarettes and more than 8.6 million Americans currently suffer from at least one serious illness caused by smoking. Use of other smoked tobacco products such as cigars and pipes also lead to addiction, disease, and death. Smokeless tobacco has also been determined to be a human carcinogen by the International Agency for Research on Cancer (IARC). Because there is no safe tobacco product, the Tobacco-Free HHS policy pertains to smoked and smokeless tobacco.

In addition, in 2000, the National Institutes of Health's (NIH) National Toxicology Program determined that secondhand smoke is a known human carcinogen. NIH's *Ninth Report on Carcinogens* noted that both exposure to secondhand smoke from a spouse's smoking at home and exposure to secondhand smoke at work appear to be strongly related to an increased risk of developing lung cancer. Similarly, a 2004 IARC monograph found that the "evidence is sufficient to conclude that involuntary smoking is a cause of lung cancer in never smokers." There has been a growing body of evidence

over the past decade that secondhand smoke causes heart disease. A commentary by CDC in 2004 highlighted a body of evidence that even short-term exposure for as little as 30 minutes compromises coronary circulation in nonsmokers. As a result of exposure to secondhand smoke, each year in the United States 3,000 non-smokers die of lung cancer and 35,000 die from heart disease. As stated in the National Cancer Institute's (NCI) Monograph #10, an estimated 150,000-200,000 children under 18 months of age suffer from secondhand smoke-related lower respiratory illnesses.

The most heavily studied tobacco use behavior has been smoking. In 2000, NCI published Monograph #12, which found that total bans on smoking in the workplace are one factor that promotes long-term success in quitting smoking. A recent study of a large insurance company that instituted a smoke-free campus found an overall quit rate of 44.5% six months after the ban was implemented. Consumption rates among non-quitters decreased by 39%.

While the health of HHS employees is of paramount concern and is the leading reason for this policy, there are also added financial benefits to be considered. The economic burden of tobacco use is tremendous, with more than \$75 billion in medical expenditures and another \$80 billion in indirect costs resulting from lost productivity. For instance, according to a 2001 study published in *Tobacco Control*, smokers, on average, miss 6.16 days of work per year due to sickness while nonsmokers miss 3.86 days of work per year. CDC estimates a cost of \$3,391 in lost productivity and excess medical expenses for each employee who smokes. In 2000, the Surgeon General concluded that employers are likely to save money by implementing policies for tobacco-free workplaces. "Savings include costs associated with such things as fire risk, damage to property and furnishings, cleaning, worker's compensation, disability, retirement, injuries, and life insurance." Tobacco use cessation is also the most cost-effective method of disease prevention for adults.

As the lead health agency in the federal government, HHS has a responsibility to be in the forefront for reducing tobacco use and tobacco-related disease. Significant progress has been made in the fight against tobacco use in the United States, but much more still needs to be done. Tobacco-Free HHS will thus serve as a model program for other governmental and nongovernmental employers when deciding whether to initiate tobacco use reduction activities, and what type of tobacco policies and programs to utilize, in their workplaces. In addition, HHS will evaluate this model program to assess the impact of Tobacco-Free HHS on quitting tobacco use.

Policy Summary

This document describes HHS policy for eliminating all tobacco use on HHS properties wherever possible. Under the new policy, employees, contractors, and visitors will not be allowed to use tobacco products of any kind (e.g., cigarettes, cigars, pipes, and smokeless tobacco) while on any HHS property. The current HHS policy already prohibits use of lighted tobacco products indoors and in some instances within a perimeter (of varying size) around buildings. The new HHS initiative extends this policy to include unlighted

tobacco products (e.g., chew, snuff, and any other forms of tobacco). It also extends tobacco-free enforcement to all outdoor areas that are owned or totally controlled by HHS. This means that areas that were previously designated for outdoor smoking will be eliminated; the entire campus will be tobacco-free. Where HHS leases space in a multi-occupant building or complex, enforcement of the tobacco-free HHS policy will extend to the maximum area permitted by law, including any current lease agreements.

Scope and Timing

This policy applies to every OPDIV on all HHS properties, except as noted in the exceptions below. Limited initial implementation began on January 1, 2005. Full implementation will begin on February 1, 2005 unless deferred or excepted (as described below), and as soon thereafter as possible on all property encompassed by the policy, unless to do so would be in violation of applicable law.

Legal Authority

Executive Order 13058 authorizes HHS to expand the current no-smoking policy to prohibit smoking on all HHS properties, unless such action is prohibited by the lease terms. Section 1701(a)(7)(A) of the Public Health Service Act authorizes HHS to prohibit the use of all tobacco products on HHS properties, as a part of a model program to promote healthy behaviors and discourage participation in unhealthy behaviors. Lastly, the Comprehensive Smoking Education Act (CSEA) and the Comprehensive Smokeless Tobacco Health Education Act of 1986 (Smokeless Act), found at 15 U.S.C. section 1341 and 15 U.S.C. section 4401, respectively, provide further legal authority for Tobacco-Free HHS.

Tobacco Cessation Program for Employees

All HHS employees who use tobacco will be encouraged, on a voluntary basis, to call the Federal Occupational Health Services (FOHS) at (206) 615-2546 or to access the special HHS website (<http://intranet.hhs.gov/tobacco/>) to learn about options for stopping tobacco use entirely. An FOHS employee will assess the status of the caller to determine if he or she has insurance that will cover tobacco addiction treatment considered effective by FOHS. All HHS employees who do not have insurance to cover such treatment for tobacco addiction will have the option to participate in an FOHS or CDC Tobacco Cessation Program at no cost to the employee. Specific procedures for the Tobacco Cessation Program are explained in Implementation document. The Tobacco Cessation Program will be administered consistently across HHS, and its effectiveness will be evaluated by FOHS and CDC. Details on the cessation program are available at <http://intranet.hhs.gov/tobacco/>. All employees, including contractors, will have access to support and resources through the National Network of Quitlines (1-800-QUITNOW) and via the web at <http://www.smokefree.gov/>.

Plans for Implementation

Limited initial implementation began on January 1, 2005. Full implementation of this policy will begin February 1, 2005 unless deferred or excepted, with the recognition that some locations will implement at a later time and a few locations may not be able to fully implement the policy because to do so is beyond HHS' control (consistent with the examples below).

Examples of deferred implementation or potential exception to implementation, include but are not limited to the following:

- Properties where collective bargaining agreements or other factors explicitly preclude immediate implementation. Implementation will be deferred until existing impediments can be removed (e.g. renegotiation).
- Leases, contracts, etc. that specifically allow tobacco use. Implementation will be deferred until existing impediments can be removed (i.e., renegotiation or renewal of a lease, contract, etc.).
- Leased properties that are not 100% occupied by HHS OPDIVs. Every effort will be made to implement the policy on February 1, 2005, in areas of such properties which are occupied by HHS.
- Properties occupied by HHS which are located on sovereign Indian land, and IHS owned facilities operated by tribes pursuant to the Indian Self-Determination Act, unless the Tribe which owns that specific property agrees to permit implementation of this policy. In each location where this exception may apply, it shall be the responsibility of the OPDIV(s) involved to present a formal request to the pertinent Tribal governing body or official, seeking to permit implementation and enforcement of the policy on the subject property.
- Residential properties, such as homes on the NIH campus.
- On HHS properties, a peripheral area for pedestrian right of way may be excluded from the policy in order to ensure safe passage for pedestrians.

All areas identified for deferral or potential exception to the Tobacco-Free Campus policy must be submitted by January 31, 2005 to the designated Department Coordinator (Dr. Scott Leischow, scott.leischow@hhs.gov) for ultimate approval of the Secretary or his designee. Such proposals should address potential barriers and possible exceptions to prompt implementation of the Policy, including explanations of why an identified property, or location, should be subject to deferred implementation or potential exception.

Secretary's Correspondence

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY
EXECUTIVE SECRETARIAT

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HH EXECUTIVE SECRETARIAT

From: **Ed Sontag** *OS#:* **010320050071**

Organization: **Assistant Secretary for
Administration &
Managemen** *Date on Letter:* **1/3/05**

City/State: **Washington DC** *Date Received:* **1/3/05**

On Behalf Of: *Type:* **Governor**

Subject: **ACTION Memorandum to Heads of OPDIVS/STAFFDIVS - Tobacco-Free HHS. By Jan. 31, 2005, all areas identified for deferral or potential exception to the Tobacco-Free Campus policy to Scott Leischow via e-mail, for ultimate approval of the Secretary or his designee.**

Assigned to: **ESS** *Dep.ES:* **Dick Eisinger**
PC: **Ginny Gunderson** *Date Assigned:* **1/3/05**
Action Required: **Direct Reply** *Date Reassigned:*
Reply Due Date: **1/31/05**

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Interim (Y/N): **No** *Date Interim Sent:*

Comments: **Note to Gatekeepers - Please deliver expeditiously to your respective Division Head - Response requested by Jan. 31, 2005, to Scott Leischow.**

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**PLEASE ENSURE THAT YOUR RESPONSE
IS WRITTEN IN PLAIN LANGUAGE.**

Document No: 217182 Referral Date: 1/4/05 Due Date: 1/31/05
Action Office: **ADRS** Action Required: **NEC ACTION** ★
Date of Incoming: 1/3/05
Correspondence From: SONTAG, ED

Remarks: NEC ACTION = PER FINAL PARAGRAPH OF THIS POLICY, PLEASE
PREPARE RESPONSE FOR DDM SIGNATURE TO DR LEISCHOW IN
HHS & SEND ES A CLOSE OUT COPY BY 1/31/05.

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Keywords: SMOKING, POLICY, ADMINISTRATION, etc. ...

Cross References: 216926, 217136

Contact: BETTY CANNING

Phone: 301-496-3967

E-mail: ec8u@nih.gov

Fax: 301-496-8276

Address: ES/NIH, Bldg. 1, Room B1-56

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